



**CERTIFICATION REQUEST FORM**

**STEP 1 - BUSINESS INFORMATION**

TYPE OR PRINT

BUSINESS NAME

TAXPAYER IDENTIFICATION NUMBER

MAILING ADDRESS

DEPARTMENT IDENTIFICATION NUMBER (DIN)

MAILING ADDRESS (CONTINUED)

NH SECRETARY OF STATE IDENTIFICATION NUMBER

CITY / TOWN

STATE

ZIP CODE

COMMUNICATIONS SERVICE TAX REGISTRATION NUMBER

EMAIL

MEALS & RENTALS TAX LICENSE NUMBER

1. Is certification letter to be sent to name and address above? If no, attach a Power of Attorney (Form DP-2848) authorizing us to send to an address other than the business address above.  Yes  No
2. Email any communication regarding the AU-22 to the email address above?  Yes  No
3. Are you an LLC?  Yes  No
4. Entity Type (select one):  PROPRIETORSHIP  CORPORATION  PARTNERSHIP  FIDUCIARY

**STEP 2 - REQUEST TYPE**

Request Type:  STATEMENT OF GOOD STANDING  CERTIFICATE OF DISSOLUTION  STATEMENT FOR WITHDRAWAL

**STEP 3 - INFORMATION**

1. Date registered with Secretary of State's Office to conduct business in New Hampshire..... 1

2. (a) Last day of business activity in New Hampshire..... 2a

(b) If this is a request for Withdrawal or Dissolution, has a final return encompassing the last day of business been filed? If a final NH return has not been filed and is required, submit the final return with this request. 2b  Yes  No

3. Reason for request:

4. Which taxes have you filed with NH in the past? If you did not meet the filing requirement for any years, please see the instructions. (Check all that apply and enter 4-digit year of the last return filed with the NH DRA.)

- Interest and Dividends Tax   Real Estate Transfer Tax   Communications Services Tax
- Business Taxes   Meals and Rentals Tax   Other



**CERTIFICATION REQUEST FORM (continued)**

**STEP 3 - INFORMATION (continued)**

5. If filing as part of Combined Group indicate name and taxpayer identification number of company under which this entity files its NH returns:

TAXPAYER NAME

TAXPAYER IDENTIFICATION NUMBER

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6. If requesting taxpayer is considered a disregarded entity for federal purposes (SMLLC), indicate name and taxpayer identification number of company under which this entity reports its business activity federally:

TAXPAYER NAME

TAXPAYER IDENTIFICATION NUMBER

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**STEP 4 - ATTACHMENTS**

1. Is the requesting company dissolving or liquidating? (If yes, see instructions.)  Yes  No

**NOTE:** The DRA has 60-days to respond for a Dissolution or Withdrawal and 30-days for a Good Standing.

2. A non-refundable fee of \$30 made payable to the State of New Hampshire must be included with this request. Requests submitted without the fee shall be denied.

Statement Request Fee \$ 

3	0
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**STEP 5 - SIGNATURE AND TITLE**

\_\_\_\_\_  
SIGNATURE (IN INK) DATE

\_\_\_\_\_  
PRINT SIGNATORY NAME TITLE

REQUESTOR NAME

REQUESTOR TELEPHONE NUMBER

**File online at Granite Tax Connect [gtc.revenue.nh.gov/TAP/\\_/](http://gtc.revenue.nh.gov/TAP/_/) or mail to NHDRA, PO Box 637, Concord NH 03302-3306.**